
GRANT APPLICATION FOR STATEWIDE COORDINATION AND TECHNICAL ASSISTANCE FOR FISCAL YEAR 2017

Issued January 15, 2016

COMPLETE APPLICATION must be received by the Office of Local Transit Support by **May 6, 2016**. If applications are not received by this deadline, the Maryland Transit Administration may not be able to secure state funds for your project.

MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND TRANSIT ADMINISTRATION (MTA)

**FY 2017
STATEWIDE COORDINATION AND
TECHNICAL ASSISTANCE
Grant Application**

Grantee:

Submitted by:

(Contact person for questions regarding this application)

Name/Title

Phone

Fax

Email

Date:

State Coordination & Technical Assistance (SCATA)

APPLICATION CHECKLIST

A COMPLETE application shall consist of the following items in the sequence they are mentioned – the cover page is first. ALL of these forms were used in the FY 17 Annual Transportation Plan (ATP) Application, so there is no need to conduct a second data entry effort here. Please, make sure that information provided in the forms addresses the **SCATA objectives**.

Cover page (that includes the following):

- ☐ "FY 2017 State Coordination & Technical Assistance (SCATA) Application".
- ☐ Applicant organization name and Contact person information.
- ☐ Date submitted to MTA.
- ☐ Application Checklist

PROGRAM SUMMARY AND BUDGET FORMS:

Section 1 – Program Description

- ☐ Section A: Contact Information
- ☐ Section B2: Marketing/Advertising Program
- ☐ Section C: Project Coordination - Responses to all questions

Section 2 – Current Service (if applicable)

- ☐ Form 1: Transportation Program Summary
- ☐ Form 2: Current Service Characteristics

Section 3 – Budget Request:

- ☐ Form B-2: Operating Budget Summary
(Fill out Section (2) - Column: "Other")
- ☐ Form B-3: If necessary.
- ☐ Operating Project Justification Form
(Complete: Project Description AND Project Justification)

Section 4 – Program Compliance:

A, B, AND C – CIVIL RIGHTS

- ☐ Complete ALL sections, use “N/A” where appropriate.

D. Public Hearing—Responses to all questions including attachments:

- ☐ Certified Copy of the Notice received from the newspaper

and

If Public Hearing requested and conducted:

- ☐ a list of attendees
- ☐ minutes of the public hearing
- ☐ copies of any written statements received

or

If Public Hearing was NOT requested:

- ☐ A letter from the Applicant stating that there were no requests for a Public Hearing (See Appendix F)

E. Private Enterprise Involvement—Responses to all questions including attachments:

- ☐ list of all private operators contacted
- ☐ copy of the notification letter (sample format provided in Appendix G)

If comments were received:

- ☐ copies of any comments received
- ☐ copies of any responses sent

F. Purchased Transportation

- ☐ If applicable, copy of contract

G. Cell Phone Use

- ☐ Copy of policy

Section 5 – State of Maryland Assurances:

- ☐ Civil Rights Information
- ☐ Authorizing Resolution

**SCATA – FY 17
PROGRAM DESCRIPTION
SECTION 1**

Statewide Coordination and Technical Assistance for Fiscal Year 2017

SECTION 1 PROGRAM DESCRIPTION

This part of your application is critical in justifying funding requested in your application as well as documenting that planning requirements have been completed. Refer to application instructions for more information on what is required under each section.

All responses should be placed in the yellow/shaded boxes, simply place your cursor in the shaded area and type. Copy and Paste where necessary inside the yellow boxes. The boxes will expand with your entries. Address ALL areas.

Jurisdiction/Program:

Legal Applicant

A. CONTACT INFORMATION

Applicant Organization

Legal Name:

Mailing Address:

Street Address:

City:

Federal Taxpayer ID:

DUNS #:

CAGE CODE:

(Part of the SAMS System)

State: Zip code:

Website (URL):

Application Submitted By - Must be person named on Authorizing Resolution

Name:

Title:

Telephone:

Email:

Fax:

TTY:

Application Contact -Person to whom questions should be directed

Name:

Title:

Telephone:

Email:

Fax:

TTY:

Operator Contact--Public Transportation Programs

Name:

Title:

Organization/Company:

Mailing Address:

Street Address:

City:

State:

Zip code:

Telephone:

Email:

Fax:

TTY:

Operator Contact--SSTAP/ADA Programs

Name: [REDACTED]

Title: [REDACTED]

Organization/Company: [REDACTED]

Mailing Address: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED]

State: MD

Zip code: [REDACTED]

Telephone: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

TTY: [REDACTED]

B. OPERATOR/SERVICE DESCRIPTION

1. Service Description

- a. **Provide a general description of all of the transportation services your organization provides or administers. Submit one (1) set of public timetables, schedules, brochures, and maps.**

[REDACTED]

- b. **As illustrated in Form 2a, did your services meet minimum performance standards?**

☐

YES

☐

NO

If no, please **discuss** what circumstances may contribute to or cause services to operate below standards, the prospects for improvement, and any steps being considered or taken to improve performance.

[REDACTED]

2. Marketing/Advertising Program

Describe your outreach and marketing program. **Submit** one (1) copy or sample of all brochures or advertisements used with your application.

[REDACTED]

C. PROJECT COORDINATION

State and Federal funding streams encourage and require coordination of resources and effort in order to minimize duplication, recognize efficiencies, increase transportation options and opportunities, and to improve overall mobility. Please refer to the section on Project Coordination in the Application Instructions for more guidance when completing this section.

1. **Coordination Within Your Organization.** **Describe** how programs are integrated with each other and with your total transportation program.



2. **Coordination with Other Organizations**

- a. **How do you currently coordinate services with other organizations?**
Describe efforts to share vehicles, trips, seats, passengers, fuel, maintenance, and/or other services with other transportation operators in your service area.



- b. Provide a list of all transportation providers and/or organizations that have a program with a transportation element in your service area, and **describe** the relationship(s) between programs.



3. **Transportation Advisory Committee.** Do you have a local Transportation Advisory Committee?

☐ YES

☐ NO

Describe the organizational structure, objectives, membership, meeting schedule, and **Submit** one (1) copy of minutes from the most recent two meetings.



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**SCATA-17
PROGRAM COMPLIANCE
SECTION 4**

**STATE COORDINATION AND TECHNICAL ASSISTANCE
SECTION 4
PROGRAM COMPLIANCE**

A. CIVIL RIGHTS

Do you employ 50 or more transit-related employees (including temporary, full-time or part-time employees either directly and/or through contractors)?

☐ **YES**

☐ **NO**

How much State/Federal funding did you receive in FY 2015?

Is the amount of State/Federal funds received in FY 2015 more than \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance the previous federal fiscal year?

☐ **YES**

☐ **NO**

If "Yes" to both questions, provide one (1) copy of your EEO plan.

If your organization does not have an FTA approved EEO plan, please contact your Regional Planner.

The State and any subrecipients that receive funds from FTA for planning, capital, or operating assistance in excess of \$250,000 to award in prime contracts, exclusive of funds for transit vehicle purchases, in a given Federal fiscal year must prepare a DBE program.

Is the amount of State/Federal funds received in FY 2015 for planning, capital, or operating assistance more than \$250,000?

☐ **YES**

☐ **NO**

If "Yes", please provide one (1) copy of your approved DBE program.

If your organization does not have an FTA approved DBE plan, please contact your regional planner.

If your project received <\$250,000, do you have an MTA approved plan?

☐ **YES**

☐ **NO**

If "No", when do you anticipate submitting a plan for MTA approval?

Do you have a purchase of service agreement with a private operator?

☐ **YES**

☐ **NO**

If "Yes", please provide one (1) copy of the contractor's EEO Plan AND their MBE Plan.

Do you have an approved Title VI Policy Statement/Plan?

☐ YES

☐ NO

Are you in a census area with a population in excess of 200,000?

☐ YES

☐ NO

If "Yes", has your policy statement/plan been approved by FTA?

☐ YES

☐ NO

Date of Approval

Contractor

Please provide one (1) copy of your most recent Title VI Policy Statement/Plan.

B. CIVIL RIGHTS CONTACTS - Applicant

EEO CONTACT - Applicant

Name
Title
Department/Organization
Phone E-Mail
Address
City, State ZIP

MBE/DBE CONTACT - Applicant

Name
Title
Department/Organization
Phone E-Mail
Address
City, State ZIP

Title VI CONTACT - Applicant

Name
Title
Department/Organization
Phone E-Mail
Address
City, State ZIP

C. CIVIL RIGHTS CONTACTS - Contractors

EEO CONTACT - Contractor

Name
Title
Department/Organization
Phone E-Mail
Address
City, State ZIP

MBE/DBE CONTACT - Contractor

Name
Title
Department/Organization
Phone E-Mail
Address
City, State ZIP

Title VI CONTACT - Contractor

Name
Title
Department/Organization
Phone E-Mail
Address
City, State ZIP

D. PUBLIC HEARING

Applicants are required to provide an opportunity for public comment based on the contents and funding requests included in the ATP. See application instructions for further information regarding public involvement.

1. Notice of Opportunity for a Public Hearing

Submit a Certified Copy received from the newspaper of the notice.

Date of publication of the notice:

This notice announced: (check one)

☐ a scheduled hearing (no request needed)

☐ an opportunity for a hearing upon request.

If the notice announced an opportunity upon request, was a public hearing requested?

☐ **YES**

☐ **NO** - Submit a letter from the Applicant stating that there were no requests for a Public Hearing. (*See Appendix F of the ATP16 Appendices*)

2. Location and Record

Where was the public hearing conducted?

Submit each of the following:

- a list of attendees, and
- ~~minutes of the public hearing.~~

3. Comments

Were any written comments received?

☐ **YES** - Submit copies


☐ **NO**

Explain how public comments received at the hearing or in writing have been addressed and incorporated into your FY15 program.

E. PRIVATE ENTERPRISE INVOLVEMENT

Applicants are required to notify private transportation providers of the opportunity to comment based on the contents and funding requests included in the ATP. See application instructions for further information regarding private enterprise involvement.

1. Documentation of Private Operator Notification

Date of mailing of the notification: 

Submit each of the following:

- a list of all private operators contacted, and
- a copy of the notification letter (sample format provided in Appendix F)

2. Private Sector Responses

Were any comments received from private operators?

☐ YES

☐ NO

If **yes**, Submit all of the following:


- copies of any comments received, and
- copies of any responses sent by the Applicant to the person commenting on your program.

Explain how private sector comments received at the public hearing or in writing have been addressed and incorporated into your FY17 program.



3. Description of Private Sector Involvement in the Planning Process

Describe the private sector's involvement in the project development process prior to the public hearing. Discuss your local Transportation Advisory Committee membership and inclusion of private sector representatives.



F. PURCHASED TRANSPORTATION

If you have a contract with a separate provider who is included on your Form B-2 as Purchased Transportation and you have submitted a Form B-3 on their behalf, Submit two (2) copies of their contracts with your application.

A brief description of the contract arrangement should be included here, including the operator(s), contract term and any options, and the scope of services to be provided.

G. CELL PHONE USE

Do you have a policy regarding the use of cell phones and other portable electronic devices for employees of your program?

☐ YES

☐ NO

Submit one (1) copy of your local policy. If you have a contract with a service provider

**SCATA-17
CERTIFICATIONS AND
ASSURANCES
SECTION 5**

CIVIL RIGHTS INFORMATION

As a condition of receipt of funding from Section 5307 and 5311 of the Federal Transit Act, information is needed from you on the implementation of Title VI, Civil Rights. You must submit the following as part of your application.

1. **Lawsuits or Complaints**

Attach to this certification a list of any active lawsuits or complaints naming your agency which allege discrimination on the basis of race, color, or national origin with respect to service or other transit benefits. The list should include; the date the lawsuit or complaint was filed, a summary of the allegation, the status of the lawsuit or complaint, including whether the parties to a lawsuit have entered into a consent decree.

_____ Check here if no such lawsuits or complaints have occurred within the past year, a statement to this effect must be submitted.

2. **Federal Financial Assistance**

Attach a description of all pending applications for financial assistance, and all financial assistance currently provided by other Federal agencies.

3. **Civil Rights Compliance Reviews**

Attach a summary of all civil rights compliance review activities conducted in the last three years. The summary should include; the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, a report on the status and/or disposition of such findings and recommendations.

_____ Check here if a summary of all civil rights compliance review activities is not needed.

This review would be included as part of your A-128 or A-133 Single Audit or Triennial Review or conducted by the U.S. Office of Civil Rights, Federal Transit Administration.

(Signature of authorized official & date)

(Print authorized official's name)

(applicant's title)

SAMPLE

Authorizing Resolution # _____

**CITY/COUNTY COUNCIL/COMMISSIONERS
OF**

_____, **MARYLAND**
(Name of Authorizing Body)

A RESOLUTION authorizing _____
(title/position of person authorized to file the application)

to file an application with the Maryland Transit Administration of the Maryland Department of Transportation for a Section(s) 5303, 5304, 5307, 5309, 5310, 5311, 5316, 5317 grant(s) under the Federal Transit Act, and/or Statewide Coordination and Technical Assistance grant.

WHEREAS, the Administrator of the Maryland Transit Administration of the Maryland Department of Transportation is authorized to make grants to counties and to local governments for a mass transportation program of projects, and

WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of the project costs in the program; and

WHEREAS, it is required by the United States Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1964 that, in connection with the filing of an application for assistance under the Federal Transit Act, the applicant give an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and the United States Department of Transportation requirements thereunder; and

WHEREAS, it is the goal of the applicant that minority business enterprise be utilized to the fullest extent possible in connection with this project, and that definite procedures shall be established and administered to ensure that minority business shall have the maximum construction contracts, supplies, equipment contracts, or consultant and other services.

NOW, THEREFORE, BE IT RESOLVED by _____
Maryland, (Name of Authorizing Body)

the filing of the aforesaid application be endorsed, and

BE IT FURTHER RESOLVED that the City/County Executive/Mayor is hereby requested to endorse this resolution, thereby indicating approval thereof; and

BE IT FURTHER RESOLVED that copies of this resolution be sent to the Maryland Transit Administration of the Maryland Department of Transportation.

ATTEST:

Witness of Council/Commissioners

Council/Commissioners Leader

Witness of City/Council Executive/Mayor

City/County Executive/Mayor

ADOPTED: _____
Date

Certificate

This certifies that the _____ did in fact before me this date,
sign and execute this application and the foregoing Resolution.

Approved as to Form and Legal Sufficiency:

Signature of Recording Officer

Title of Recording Officer

Date

My Commission Expires _____

APPENDICES

- Appendix A: Soft Match Guidelines
- Appendix B: Glossary of Terms Used on the Operating Budget Worksheets
- Appendix C: Vehicle Useful Life Criteria
- Appendix D: Performance Standards
- Appendix E: Example of a Letter to Submit in the Event That No Public Hearing was Conducted
- Appendix F: Example of a Letter to Send to Private Operators
- Appendix G: Definitions
- Appendix H: Example of Independent Cost Estimate (ICE) Form – (2)

APPENDIX A: SOFT MATCH GUIDELINES

The following types of contributions may be provided as in-kind local match:

Use of Space - The value of contributed space should not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately owned building in the same locality.

Value of other non-expendable personal property - The value of non-expendable personal property should not exceed the fair value of property of the same age and condition at the time of donation.

Value of other charges - Other necessary charges incurred specifically for an indirect benefit to the grant program on behalf of the provider may be accepted as matching share provided that they are adequately supported and permissible under the law. Such charges must be reasonable and properly justifiable.

All contributions, both cash and soft match, shall be accepted as part of the grantee's matching share when such contributions meet all of the following criteria:

- Are verifiable from the provider's records;
- Are not included as contributions for any other federally assisted program;
- Are necessary and reasonable for proper and efficient accomplishment of project objectives;
- Are types of charges that are allowable;
- Are not paid by the federal government under another assistance agreement unless authorized under the other agreement and the laws and regulations it is subject to; and,
- Are provided for in the approved budget when required by the funding agency.

The basis of determining charges for personal services, material, equipment, buildings, and land must be documented.

APPENDIX B: Glossary of Terms Used on the Operating Budget Worksheets

GENERAL DEFINITIONS AND EXPLANATIONS

Eligible Operating Expenses: Those expenses directly associated with the daily operation of a transportation program. For example:

- Salaries and fringe benefits of the transportation project director, secretary, bookkeeper, drivers, mechanics, dispatchers or other personnel performing job duties of an administrative nature;
- License fees and taxes;
- Fuel and oil;
- Office supplies and items associated with office operations;
- Facilities and vehicle rental.

Ineligible Expenses: Expenses relating to the transportation program which are not directly related to the daily operations of the program. For example:

- Expenses of a city council in considering transit matters;
- Charitable contributions and donations;
- Entertainment expenses;
- Fines and penalties;
- Interest expenses on loans; and
- Depreciation accrued on facilities or equipment purchased with Federal and/or State grants.

Definitions of Terms Used on Operating Budget Worksheet

Vehicle Operations

<i>Driver salaries</i>	-	<i>Includes all wages paid to drivers for the operation of passenger vehicles or the value of time spent driving.</i>
<i>Dispatcher salaries</i>	-	<i>Includes all wages paid to individuals responsible for the dispatching of passenger vehicles or the value of time spent dispatching.</i>
<i>Fringe benefits</i>	-	<i>Includes the cost of fringe benefits for drivers and dispatchers.</i>
<i>Fuel and oil</i>	-	<i>Includes the cost of gasoline, diesel fuel, engine oil and other lubricants.</i>
<i>Tubes and tires</i>	-	<i>Includes maintenance, purchase, and rental of tubes and tires.</i>
<i>Vehicle insurance</i>	-	<i>Includes the cost of vehicle and transportation related types of insurance.</i>
<i>Vehicle lease</i>	-	<i>Includes the cost of leasing vehicles used to transport passengers.</i>
<i>Vehicle license</i>	-	<i>Includes the cost of licensing and/or registering vehicles used to transport passengers and vehicles used to support operations.</i>
<i>Vehicle storage</i>	-	<i>Includes the costs of renting a facility to store passenger vehicles or project related equipment.</i>

<i>Training</i>	-	<i>Includes training costs for operations employees.</i>
<i>Other</i>	-	<i>Includes the cost of expenses not categorized above that contribute to the operation of your program. All items must be specified.</i>
<u>Purchased Service</u>	-	These items must include the cost of any portion of service purchased from another.
<u>Maintenance</u>		
<i>Mechanic salaries</i>	-	Includes all wages paid to mechanics on staff or the value of their time.
<i>Fringe benefits</i>	-	Includes the cost of fringe benefits for mechanics on staff.
<i>Maintenance service</i>	-	Includes the cost of outside contracts for maintenance of passenger vehicles.
<i>Preventative Maintenance</i>		Includes monthly service and supplies to maintain the vehicle in state of good repair in order to reach the expected Useful Life of the vehicle.
<i>Materials & supplies</i>	-	Includes the cost of materials and supplies to maintain passenger vehicles and includes any materials and supplies not provided through a maintenance service contract.
<i>Maintenance facility</i>	-	Includes costs incurred by renting a facility in which vehicles are maintained by staff mechanics.
<i>Equipment rental</i>	-	Includes costs of renting maintenance equipment and includes any equipment rental costs not provided through a maintenance service contract.
<i>Utilities</i>	-	Includes all utility costs for maintenance facilities. If maintenance facilities are not metered separately, all utility costs should be included in the Administration utilities costs.
<i>Training</i>	-	Includes training costs for maintenance employees.
<i>Other</i>	-	Includes other maintenance costs not categorized above that contribute to the operation of your transportation program. All items must be specified.
<u>Administration</u>		
<i>Administrator salary</i>	-	Includes all wages paid to the administrator of the agency for time allotted to the transportation programs or the value of their time spent on transportation-type administrative duties.
<i>Manager salary</i>	-	Includes all wages paid to the manager of the transportation program for time allotted to the transportation programs or the value of their time spent on transportation management duties.
<i>Secretary salary</i>	-	Includes all wages paid for secretarial/clerical support for the duties.
<i>Bookkeeper salary</i>	-	Includes all wages paid for bookkeeping support for the transportation programs or the value of time spent on bookkeeping duties.
<i>Other staff</i>	-	Includes all wages paid to other staff not categorized above supporting the transportation programs or the value of their time. Other staff <u>must</u> be itemized.

<i>Fringe benefits</i>	-	Includes the cost of fringe benefits for the staff included in the salary categories listed above.
<i>Materials & supplies</i>	-	Includes all the cost of office materials and supplies.
<i>Telephone</i>	-	Includes all telephone rental, purchase and installation costs.
<i>Office rental</i>	-	Includes the cost of renting office space for the transportation program.
<i>Utilities</i>	-	Includes all utility costs for the administrative offices or for all facilities if they are not metered separately that are attributed to the space allocated to transportation.
<i>Office equipment</i>	-	Includes the cost of renting office equipment for the use of the transportation program or a proportionate amount.
<i>Training</i>	-	Includes training costs for administrative employees.
<i>Other</i>	-	Includes other administrative costs not categorized above that contribute to the operation of your transportation program. All items must be specified.
<u>Revenue</u>	-	List all revenues received by the project which cannot be included as the local match.
<i>Passenger fares</i>	-	Revenue collected from those passengers that are required to pay an established fare for transportation services.
<i>Passenger donations</i>	-	Revenue collected from those passengers that make a suggested donation/contribution for transportation services.
<i>Charter Revenue</i>	-	Revenues earned from vehicles chartered for private use on individual trips (charter use is limited to incidental charter services which are private.
<i>Contracts</i>	-	Revenues earned from special services on a continuing contract basis. Revenues derived from purchase of transportation passenger service contracts may be treated as contract revenue to the system if payments are made directly to the transportation operator by a human service agency.
<i>Advertising</i>	-	Amounts earned from advertising on vehicles or facilities.
<i>Other</i>	-	Revenues earned from transportation of mail, newspapers and other miscellaneous revenue attributable to operations. Non-passenger transportation is allowed only if passengers are not displaced to provide these services.
<u>Net Project Cost</u>	-	This amount represents the difference between total operating expenses and revenues and is the amount of eligible expenses to be covered by local and Federal/State shares.

Local Share

- The local share includes all local funds contributed to meet the net project cost. The local share may be provided for in cash or cash equivalent (soft match) as defined in Appendix A. Cash may include local appropriations or cash derived from other sources.

Funds Requested

- This is the amount of Federal/State funds requested and cannot exceed allowable percent of the net project cost.

APPENDIX C: VEHICLE USEFUL LIFE CRITERIA

Minimum Useful-Life Standards

To ensure that vehicles are adequately maintained and remain in service for their normal service life, the Maryland Transit Administration (MTA) has established minimum useful-life standards for vehicles funded with state or federal funds. These standards apply to all vehicles purchased with Sections 5307, 5309, 5310, 5311, 5316, 5317, American Disabilities Act (ADA), or Statewide Special Transportation Assistance Program (SSTAP) funds, and to all vehicles that will be replaced with vehicles funded from these programs, regardless of the initial funding source.

Service-life begins on the date the vehicle was placed in service and continues until it is removed from service.

Classification	Yrs.	Miles	GVWR	LENGTH
Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) & Sedans	4 years	150,000	< 14,000 lbs.	n/a
Fleet Support Vehicles (Pick up trucks and utility vehicles)	6 years	200,000	n/a	n/a
Light Duty Small Bus	6 years	200,000	15,000 lbs. or less	n/a
Medium Duty Bus	8 years	250,000	15,000 lbs. < 23,000 lbs.	Under 30'
Heavy Duty Bus	10 years	350,000	all	Under 35'
Heavy Duty Bus	12 years	500,000	all	Over 35'
Non-Revenue Vehicle	10 years	130,000	all	n/a

***To classify your vehicle, both the gross vehicle weight ratio (GVWR) and the length of the vehicle must be met. We will provide a matrix that shows the type of equipment that is eligible for the various programs.

Vehicle Classifications

If there is ever a question about what a certain vehicle's classification might be; the Altoona Test used for that vehicle is always the substantiating documentation as to its classification.

- Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) & Sedans: at least four (4) years of service and/or an accumulation of at least 150,000 miles.
- Support Vehicles (Pick-up trucks and utility vehicles): at least six (6) years of service and/or an accumulation of at least 200,000 miles.
- Light Duty Small Bus, body on chassis-type (cutaway): at least six (6) years of service and/or an accumulation of at least 200,000 miles.
- Medium duty (under 30') transit buses: at least eight (8) years of service and/or an accumulation of at least 250,000 miles.
- Heavy duty (30'-35') transit buses: at least ten (10) years of service and/or an accumulation of at least 350,000 miles.

- Heavy duty (greater than 35') transit buses: at least twelve (12) years of service and/or an accumulation of at least 500,000 miles.

Although a minimum standard for useful-life is adopted, additional information about the condition of the vehicle is necessary for all replacement requests. Vehicles will not be replaced based solely on age and accumulated mileage, therefore details such as repair records or estimated repair costs must be provided with the request.

Below is minimum information that is requested to submit for a replacement vehicle. Use forms provided in the applications.

- Fleet Vehicle Number,
- Present Mileage,
- Vehicle Identification Number and delivery date (if the vehicle to be replaced was purchased under a previous Section 5307, 5309, 5310, 5311, 5316, 5317, ADA, RCB, or SSTAP grant),
- A description of the condition of the vehicle to be replaced, including the reasons for replacing the vehicle at this time, and
- An indication of how the vehicle will be disposed of (sell, salvage, or used as backup or other). **NOTE:** any insurance proceeds received for this vehicle will be deducted from MTA's state and federal portion of the eligible cost of a replacement vehicle.

Replacement Prior to Meeting Minimum Useful-Life Criteria

If a replacement vehicle is being requested for a vehicle which has not or will not meet the established Useful-Life criteria, the applicant must describe the circumstances necessitating the replacement of the vehicle. The applicant would need to complete the information above, in addition to providing the following information:

- A list of any repairs that will be required to keep the vehicle in service, and an estimated cost of each repair,
- A description and cost of repairs made to the vehicle to date (attach the repair and preventive maintenance records, if available).

FTA classifies this as early asset replacement.

Updated 11/12

APPENDIX D: PERFORMANCE STANDARDS

Performance standards were established for the Locally Operated Transit Systems in the state as a tool for monitoring their services for effectiveness and efficiency. This rating structure is used as a basis for offering technical assistance. The program is set up such that services can be rated as “Successful” or “Problem” based on how they perform in each of the operating measures. In addition, these standards will be utilized in determining whether new services requested by the systems should be funded based on their potential for being successful.

The following standards apply to small urban fixed route service:

LOTS SMALL URBAN FIXED ROUTE SERVICE	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$45	\$45-\$50	> \$50
Operating Cost per Mile	< \$2.50	\$2.50-\$3.50	> \$3.50
Operating Cost per Passenger Trip	< \$4.00	\$4.00-\$6.00	> \$6.00
Local Operating Revenue Ratio	> 50%	40% -50%	< 40%
Farebox Recovery Ratio	> 25%	20-25%	< 20%
Passenger Trips per Mile	> 0.75	0.65-0.75	< 0.65
Passenger Trips per Hour	> 12	8 - 12	< 8

The following standards apply to demand response and rural route services:

LOTS DEMAND RESPONSE SERVICES/RURAL ROUTE SERVICE	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$30	\$30-\$40	> \$40
Operating Cost per Mile	< \$1.50	\$1.50-\$2.50	> \$2.50
Operating Cost per Passenger Trip	< \$9.00	\$9.00-\$13.00	> \$13.00
Local Operating Revenue Ratio	> 40%	30% - 40%	< 30%
Farebox Recovery Ratio	> 15%	7%-15%	< 7%
Passenger Trips per Mile	> 0.25	0.15-0.25	< 0.15

APPENDIX E: Example of a Letter to Submit in the Event That No Public Hearing was Conducted

Date

(name of your regional planner)
Office of Planning
Maryland Transit Administration
6 St. Paul Street
Baltimore, MD 21202-1614

Dear _____:

This letter serves to confirm that:

- _____ *(Name of Applicant)*_____ afforded an opportunity for a public hearing on the FY2005 Annual Transportation Plan program of projects (POP) and budget. This notice was published in _____ *(name of newspaper)*_____ on _____ *(date)*_____, with the proposed public hearing to be held on _____ *(date)*_____ if any requests were received by _____ *(date)*_____ (see attached copy of ad).
- No requests to hold the public hearing were received by the due date.
- Written comments received during the 30-day public comment period are attached. These comments were addressed in the manner described as follows: _____ *(describe)*_____ *(Delete this paragraph if no written comments were received.)*
- No written comments on the POP or budget were received from the public. *(Delete this sentence if written public comments were received)*

As a result, the program of projects in the FY2005 Annual Transportation Plan is finalized as submitted.

Sincerely,

Signature of authorized official

APPENDIX F: Example of a Letter of Notification to be Sent to Private Operators

Date

Company Name

Address

Subject: Annual Transportation Plan for FY 2015

Salutation:

_____ is submitting an application for grant funds from the Maryland Department of Transportation and the Federal Transit Administration. This letter is to notify you about _____'s application, our Annual Transportation Plan (ATP), and to solicit your comments on the proposed plan.

_____ is a public transit system that provides transportation services for ___(service area)___ residents, including elderly persons and persons with disabilities, as well as the general public. _____ is applying for grant funding to continue to operate these public and specialized transportation services.

The ATP contains requests for funding assistance from the following programs:
(include those that apply to your application)

- the Statewide Special Transportation Assistance Program (SSTAP) which provides funds for transportation of elderly persons and persons with disabilities;
- the Section 5311 of the Federal Transit Act which provides funds for general public transit service in rural areas;
- the Section 5307 of the Federal Transit Act which provides funds for general public transit service in urbanized areas;
- the Maryland Comprehensive Transit Plan (MCTP) program which provides funds for public transit services;
- the State Americans with Disabilities Act (ADA) program which provides funds for federally-required paratransit services for persons with disabilities; and
- also included in our request, Federal and State capital funding assistance is being requested for the following items: ***(list each item identified on form C1 of the application)***

The details of how these funds will be used are documented in the _____ Annual Transportation Plan for FY 2005, which will be available for review beginning ___(date)___, at ___(location)___ between the hours of ___ a.m. and ___ p.m. Monday through Friday. Written comments on this plan may be submitted through ___(date)___ to ___(name/mailling address)___.

(Depending on whether you have a public hearing or an opportunity for a public hearing, the closing paragraph should be one of the following two options.)

(if Public Hearing:)

A public hearing on this plan will be conducted at __(*time*)__, on __(*date*)__, at __(*location*)__. Should anyone attending the meeting require special assistance, such as a sign language interpreter, notify _____ at _____ no later than __(*date*)__.

(if Opportunity for Public Hearing:)

A public hearing will be held only upon request. Any person desiring a public hearing must submit a written request to _____ at _____ no later than __(*time*)__, on __(*date*)__. Should a public hearing be requested, it will be held at __(*time*)__, on __(*date*)__, at __(*location*)__. Even if you do not request a public hearing, you are welcome to submit your written comments for consideration.

If you should need any additional information on our service proposal, please contact _____ at _____.

Sincerely,

Signature of LOTS Director

cc: *your MTA Regional Planner*

APPENDIX G: Definitions

Associated Transit Improvements (ATI) – This type of improvement use to be referred to as “transit enhancements.” An ATI is a project “designed to enhance public transportation service or use and that [is] physically or functionally related to transit facilities.”

Fatalities – Anyone who dies associated with transit revenue operations

Injuries – Anyone who requires immediate medical transportation away from the scene associated with transit revenue operations

Reportable Incident

- Any event resulting in 1 or more fatalities
- Any event resulting in 1 or more injuries
- Any event resulting in total property damage of \$25,000 or more

APPENDIX H - EXAMPLE OF INDEPENDENT COST ESTIMATE (ICE) FORM

Project Name: Maintenance Shop Refurbishment

Date: 6/25/13

Project Description:

The existing maintenance garage has a small ramp leading up to the garage doors and the individual bay entrances. Over the years of use there has been a degradation of the ramp creating sinkholes that cause occasional "bottoming out" of the buses as they enter the garage. Refurbishment of the garage entrance would create a smoother transition as buses enter and exit the garage. The project would involve the design build of the new ramp and new shop doors.

Requestor:

Phone #:

Email:

Date of Estimate: 6/25/13

Estimate: \$44,591

Method of Obtaining Estimate (check appropriate section and attached any supporting data):

- ☐ Obtained estimate from: online sources
☒ Published List Price:
☐ Past Pricing (date):
☐ Engineering or Technical Estimate
☐ Independent Third Party Estimate
☐ Other (specify):

Additional Comments:

With short notice and without an RFP available we were unable to get any estimates from contractors for design/installation of a concrete apron for the maintenance facility. Estimates based on the current cost of concrete were generated based on the approximate square footage of the required apron. In addition researched costs for garage doors were sourced.

Item	Quantity	Low	High
ad Cost Non-discounted retail cost for common, mid-grade pad. Quantity includes typical installation waste, fabrication overage, material for future repairs and delivery within 25 miles	2563 square feet	\$3,426.72	\$3,818.88
ad Labor Direct labor expenses to install concrete pad.	75.8 hours	\$3,996.00	\$4,185.23

ad Job Materials and Supplies	2400	\$474.72	\$514.08
Cost of supplies that may be required to install concrete pad including: reinforcing materials, isolation materials, cleaning and chemical release agents .	square feet		
ad Equipment Allowance		\$60.00	\$106.50
Job related costs of specialty equipment used for job quality and efficiency, including: 48" bull float, reinforcing bar cutters, 5+ cubic foot mortar mixing box with mortar hoe.			
Totals - Cost to Install Concrete Pad	2500	\$7,957.44	\$8,624.69
	square feet		
	Average	\$3.32	\$3.59
	cost per sq ft		

The cost estimate **includes:**

- Costs for local material / equipment delivery to and service provider transportation to and from the job site.
- Costs to prepare the worksite for Concrete Pad Installation, including costs to protect existing structure(s), finishes, materials and components.
- Costs for job cleanup and debris removal at project completion.
- Labor setup time, mobilization time and minimum hourly charges that are commonly included for small Concrete Pad Installation jobs.

The cost estimate does **not include:**

- General contractor fees for organizing and supervising the Concrete Pad Installation. Add 20% to the total cost above if a general contractor will supervise this project.

= \$1750

- Sales tax on materials and supplies.

= \$520

- Permit or inspection fees (or portion thereof) required by your local building department for your overall project.

= no charge

- Preparation of existing ground

= Direct labor expenses to install concrete pad = \$4,000 (75 hours)

= Job related costs of specialty equipment = \$250

- Design of new driveway (engineering and architectural)

= \$5,000

Work Estimate = \$20,144.69

Contingency (20%) = \$4,030

Profit (10%) = \$2,417

Total = \$26,591

Garage Door Costs (From the US Dept of Energy)

While there is no code requirement to use rubber roll-up doors on maintenance facilities, we recommend this type of door, equipped with breakaway rails. Roll-up doors (like the door at the contractor pickup area at Home Depot) are typically more reliable and energy efficient than sectional doors (like a typical residential garage door). Since they open and close more quickly and reliably than conventional sectional doors, rubber roll-up doors will keep more heat in the building during periods of heavy bus entry/exit traffic. We recommend that these roll-up doors be equipped to automatically open (quickly) in the unlikely event of a gas leak, to assist in providing ventilation to the building--door openers would be equipped with provision for remote opening and closing at some future date and door motors and switches would be ordered as sealed units. High Speed roll-up doors are commonly used on maintenance garages—Marathon has reviewed this application with a high quality industrial door manufacturer and determined that the upgrade cost applicable to a Fuel Flexible facility (to make switches safe for a gas environment) would be approximately \$5000. per door. The door itself is the same regardless of fuel type so there is no cost difference in the door.

Estimate for ADOT = \$15,000

Installation (20% of cost) = \$3,000

APPENDIX H: EXAMPLE OF INDEPENDENT COST ESTIMATE (ICE) FORM

CAPITAL ITEM PRIORITY NUMBER: _____

DATE OF ESTIMATE: _____

Description of Goods/Services: _____

Method of obtaining the estimate:

Published Price List:

Past Pricing:

Engineering or technical estimate:

Independent third party estimate:

Other:

Cost Estimate Deatails:

COST OF STANDARD ITEM

PRODUCT	COST EACH	EXTENDED COST	DELIVERED	NO FREIGHT	NOTES/DATA SOURCE	

COST OF SERVICES/REPAIRS/OR NON-STANDARD ITEMS

ITEM/TASK

	DIRECT	OTHER	LABOR	LABOR	ALLOCATED			
MATERIALS	COSTS	COSTS	RATE/HOURS	CLASS	OVERHEA D	SG&A	PROFIT	TOTAL